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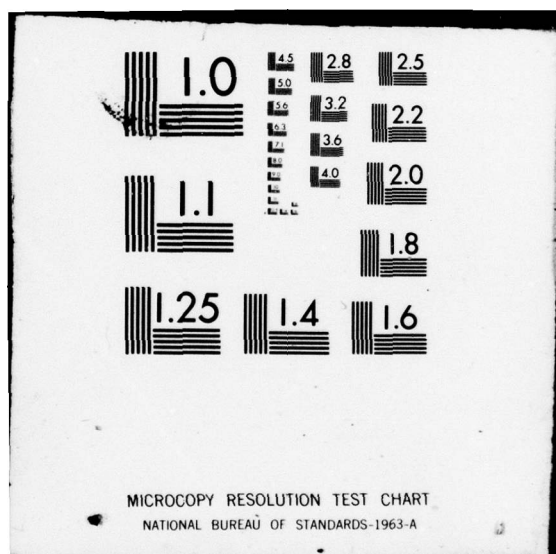
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PERCEIVED NEEDS FOR MILITARY MEDICAL TRAINING FOR INCOMING PHYSICIANS.

Army Physicians' Information: What you need to know but didn't know whom to ask.

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<p>Army physicians were surveyed regarding what they had learned from experience that they felt was of importance and the frequency it was performed (N=200). Responses were received from 43% of those reached. Responders were characterized predominantly as having entered the Army under the Berry plan, served one tour at either a MEDDAC or MEDCEN, board certified, major, with definitely no intention of remaining in the Army. Suggestions for conducting a course to orient incoming physicians into the Army included having a program taught</p>			

by physicians who had experience (ideally in both fixed and field facilities). Having a well indexed glossary of where to find appropriate ARs and references was thought to be of value, if well done. The content of the orientation course for first assignment physicians would best be conducted according to type of assignment. Specifically, physicians assigned to TO&E units need different types of information than those going to fixed facilities. Physicians being sent from MEDDAC assignments to TO&E units would be best prepared if oriented as to what they need to know or expect before arrival at their new unit.

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PERCEIVED NEEDS FOR MILITARY MEDICAL TRAINING FOR INCOMING PHYSICIANS

Army Physicians' Information: What you need to know but didn't know whom to ask.

1. INTRODUCTION.

a. Purpose. The purpose of this study is to document what incoming Army physicians need to know in terms of topics dealing with the practice of military medicine.

b. Background.

(1) The Chief, Medicine and Surgery Division, Academy of Health Sciences, requested a study be conducted to determine what incoming Army physicians need to know. The information collected would be used to prepare a course to be presented to incoming Army physicians to assist in preparing them for the practice of medicine in the military.

(2) Baker (1969) in a questionnaire survey conducted of Army Medical Corps officers in November 1966, documented why some physicians stay in the Army. His recommendations included: publishing a handbook for medical officers and establishing an information program to effectively present the Medical Corps career potentials. The intent was to provide a greater sense of personal involvement for physicians in medical department activities.

(3) Wanous (1973, 1975) has investigated the effects of a realistic job preview on job acceptance and turnover. The realistic job preview serves as a screening device to help job candidates decide for themselves on their organizational choices and it also serves to inoculate against disappointment with the realities of organizational choices. The job preview serves to make recruiting more effective.

2. OBJECTIVES.

The study objectives were to determine:

- a. What factors Army physicians felt were most important.
- b. How frequently these factors must be dealt with by a practicing Army physician.

3. METHODOLOGY.

a. Overview. The general methodology was to mail individual letters to selected Army physicians to request them to fill out inclosed surveys. The survey asked young medical officers what they had learned from experience that they felt was of importance and its frequency. When completed, the surveys were returned to the investigator by mail.

b. Procedure. A personal letter from the Superintendent, Academy of Health Sciences (see Appendix A) was sent to all Health Services Command physicians having an Estimated Time of Separation (ETS) date between March through December 1979. The sample size was 200 physicians. Survey instruments collected demographic data (assignments, pay grade, federal service, military status, military sponsored training); assessment of a variety of topics using a seven-point Likert continuum (Minimum to Maximum) considered from two perspectives: (1) how important is the topic, that is, how much is this information needed, and (2) how frequently must this topic be dealt with by a practicing Army physician; and soliciting suggestions concerning how to conduct an orientation course for incoming physicians (see Appendix A).

4. FINDINGS.

a. Sample characteristics. A total of 83 of 192 Army physicians contacted responded (43%). Table 1 summarizes some of the demographic characteristics of the respondents.

b. Overview. Separate analyses were conducted to determine responses to the topics from the two perspectives: how important and how frequently. Responses were broken down by respondents' characteristics: (1) Berry plan versus non-Berry planners, (2) One tour versus More than one tour, (3) Career or Undecided versus Intending to Leave Service, (4) Served a tour in a MEDCEN, (5) a tour in a MEDDAC, (6) or a tour in a TO&E unit.

c. HOW IMPORTANT Set. Inspection of the overall mean response to a topic in Table 2 showed the following topics having overall means greater than 5.0 out of 7 as follows:

- 26. Physician responsibility for utilization of paramedical personnel;
- 34. Implications of medical profile to the patient's commander;
- 39. Advanced life support procedures;
- 42. Adverse drug reactions;
- 62. How to get to attend a conference;
- 63. Moonlighting;
- 65. What consultations, lab requests, special studies are available beyond the hospital;
- 66. Obtaining necessary medications unavailable at your hospital.

Physicians who had served a tour in a TO&E unit rated the following topics as most important (6.0 or greater):

- 26. Physician responsibility for utilization of paramedical personnel;
- 27. Supervision of physician extenders;
- 29. Proper completion of DA Form 3349 and its limitations;
- 34. Implications of medical profile to the patient's commander;
- 37. Manipulative soldiers;
- 38. Triage principles;
- 58. Obligations and options regarding accepting post housing;
- 60. How to obtain funding for clinical studies (i.e., equipment).

d. HOW FREQUENTLY Set. Inspection of the overall mean response to a topic in Table 3 showed the following topics having overall means greater than 4.0 out of 7 follow:

26. Physician responsibility for utilization of paramedical personnel;
29. Proper completion of DA Form 3349 and its limitations;
30. Function of P.A.D.;
31. Supervision of civilian employees;
32. Completeness of medical records;
33. Sick slip;
34. Implications of medical profile to patient's commander;
35. Preparation of medical statement;
36. Placing a soldier on quarters;
37. Manipulative soldiers;
65. What consultations, lab requests, special studies are available beyond the hospital.

Physicians who had served a tour in a TO&E unit rated the following topics as most frequently performed (5.0 and greater):

6. Military justice: Article 15s and U.C.M.J.;
19. Requirements for release of medical information on dependents;
26. Physician responsibility for utilization of paramedical personnel;
27. Supervision of physician extenders;
29. Proper completion of DA Form 3349 and its limitations;
31. Supervision of civilian employees;
32. Completeness of medical records;
36. Placing a soldier on quarters;
37. Manipulative soldiers;
38. Triage principles.

e. Additional Items. In response to the question "Would a course dealing with this type of information have been helpful to you in your practice of military medicine?", 62.9% responded in the affirmative, 11.4% gave a yes/no response, and 25.7% responded no. To the question "Would a cookbook providing a 'how-to-guide' be of any benefit to a practicing physician?", 71.1% responded yes, 9.2% yes/no, and 19.7% replied no.

5. DISCUSSION.

a. The Army physicians responding were characterized predominantly as having entered the Army under the Berry plan, served one tour at either a MEDDAC or MEDCEN, board certified, major, with definitely no intention of remaining in the Army.

b. Suggestions for conducting a course to orient incoming physicians into the Army included having a program taught by physicians who had experience (ideally in both fixed and field facilities). Having a well-indexed glossary of where to find appropriate ARs and references was thought to be of value, if well done.

c. The content of the orientation course for first assignment physicians would best be conducted according to type of assignment. Specifically, physicians assigned to TO&E units need different types of information than those going to fixed facilities. Physicians being sent from MEDDAC assignments to TO&E units would be best prepared if oriented as to what they need to know or expect before arrival at their new unit.

6. CONCLUSIONS.

a. The topics Army physicians felt were most important were influenced by the type of assignment served.

b. How frequently the topics occurred was determined by the type of assignment and background of the physician.

7. RECOMMENDATIONS.

a. Recommend that the findings of the report be made available to the Academy of Health Sciences to assist in the preparation of a course to orient physicians for new types of assignments.

b. Provide physicians with a well-indexed reference manual which would provide information on appropriate ARs and resources available to deal with a variety of situations frequently encountered in the practice of military medicine.

c. Reserve some time for separate classes for orienting first assignment physicians according to the type of assignment (i.e., TO&E versus MEDDAC).

8. REFERENCES.

Baker, F. W. Why do Doctors Stay in the Army? Military Medicine, 1969 134, 192-199.

Wanous, J. P. Effects of a realistic job preview on job acceptance, job attitudes, and job survival. Journal of Applied Psychology, 1973, 58(3), 327-332.

Wanous, J. P. Tell it like it is at realistic job previews, Personnel, 1975, 52, 50-60.

TABLE 1

Demographic Characteristics of Physician Responders

<u>Rank</u>	<u>Frequency</u>
CPTs	12
MAJs	55
LTCs	11
COLs	2
<u>Years of Service</u>	
0-1	2
2-3	64
4-5	5
6-7	5
8-9	0
10-11	2
12-14	2
<u>Training</u>	
Fully trained board certified	60
Fully trained board eligible	10
Partially trained	9
Other	1
<u>Number of Tours</u>	
One	54
More than One	26
<u>Status</u>	
Definitely remain until eligible to retire	3
Probably remain	4
Undecided	7
Probably leave	5
Definitely leave	61

Table 2

Mean Values For Topics From HOW IMPORTANT Set

Topic	1 Tour	>1	Career	Lv Svc	Non Berry		MEDCEN		MEDDAC		TO&E	
					Berry	Non	No	Yes	No	Yes	No	Yes Overall
1 Implications of a line of duty determination	3.80	4.34	4.57	3.85	4.34	3.77	3.95	4.03	4.04	3.96	3.76	5.66 3.94
2 What constitutes privileged information between soldier and physician	4.82	4.80	5.42	4.68	5.29	4.54	5.02	4.55	4.50	4.98	4.72	5.55 4.77
3 Preparing and writing efficiency reports on enlisted personnel	3.14	4.68	5.50 *	3.23	4.87 *	3.05	3.63	3.63	3.19	3.84	3.40	5.44 3.60
4 Preparing and writing officer efficiency reports	3.55	4.88	5.71 *	3.62	5.20 *	3.42	3.76	4.29	4.03	3.96	3.78	5.55 3.95
5 Sitting on promotion boards	1.90	3.12	3.76 *	2.00	2.95	2.00	2.04	2.63	2.61	2.13	2.25	2.62 2.27
6 Military justice: article 15s and Uniform Code of Military Justice	3.37	4.15	4.85	3.36	4.75 *	3.10	3.84	3.32	3.30	3.77	3.36 *	5.66 3.59
7 Geneva convention and Code of Conduct	2.81	3.65	4.07	2.87	3.54	2.85	3.08	3.08	2.96	3.14	2.94	4.22 3.06
8 Ordering of medical supplies (or equipment)	4.24	4.88	5.00	4.33	4.41	4.40	4.00	5.05	5.11	4.12	4.42	4.66 4.40
9 Changing TO&E	1.80 *	3.39	3.23	2.15	2.86	2.11	2.15	2.69	2.26	2.41	2.25	3.11 2.36
10 Reporting unsatisfactory equipment	4.53	3.96	4.21	4.37	4.25	4.33	4.23	4.50	4.65	4.20	4.38	4.11 4.30
11 IG inspections	2.68	3.76	4.28	2.77	4.41 *	2.42	3.00	3.08	3.11	3.00	2.73 *	5.44 3.01
12 Therapeutics Agents Board (TAB)	3.62	4.61	4.50	3.83	3.95	3.94	4.17	3.64	3.34	4.24	3.83	4.88 3.95
13 Vehicular maintenance (motor stables)	1.43	2.30	2.92 *	1.46	2.43 *	1.42	1.69	1.75	1.72	1.72	1.60	2.66 1.71
14 Career progression	3.64	4.30	5.64 *	3.47	4.58	3.57	3.73	4.02	3.92	3.83	3.70	5.11 3.87

Table 2 (Continued)

Topic	1 Tour	>1	Career	Lv Svc	Non Berry	MEDCEN		MEDDAC		TO&E	
						No	Yes	No	Yes	No	Yes Overall
15 Support from S1, S2, S3, S4	2.31	3.27	4.08	2.13	3.00	2.44	2.66	2.62	2.31	2.79	2.37 4.33 2.62
16 Duty rosters	2.81	3.30	3.64	2.83	3.62	2.66	2.97	2.97	2.88	3.01	2.76 4.66 2.95
17 Support elements in the company, battalion, brigade, division	2.24 *	3.72	4.53 *	2.35	3.50	2.38	2.75	2.66	2.32	2.90	2.51 4.50 2.69
18 Requirements for release of medical information on active duty military	3.98	5.03	5.21	4.13	4.70	4.10	4.34	4.29	3.96	4.50	4.12 5.88 4.28
19 Requirements for release of medical information on dependents	4.05	5.00	5.21	4.18	4.87	4.08	4.50	4.17	3.88	4.59	4.16 5.88 4.32
20 Subpoena of medical records	3.35	4.28	4.53	3.46	3.91	3.49	3.60	3.70	3.38	3.77	3.57 4.25 3.61
21 Your supervisory relationship to a nurse senior to you in rank	3.14	4.34	5.14	3.19	4.20	3.21	3.78	3.20	2.69	3.94	3.35 5.00 3.50
22 What medical malpractice protection is available to you	4.59	5.57	5.71	4.74	4.66	5.05	4.95	4.85	4.15	5.27	4.84 5.44 4.93
23 What administrative duties are required of you for PEB (physical evaluation board)	3.88	4.57	4.85	3.95	3.95	4.17	4.02	4.23	4.11	4.11	3.91 5.66 4.11
24 What administrative duties are required of you for committees	2.88 *	4.61	4.85	3.15	4.16	3.15	3.45	3.44	3.38	3.48	3.22 5.22 3.45
25 What administrative duties are required of you for medical boards	3.88	4.92	5.00	4.06	4.16	4.24	4.13	4.35	4.07	4.29	4.14 4.88 4.22
26 Physician responsibility for utilization of paramedical personnel (PAs, Nurse practitioners, AMOSISTS)	4.77	5.76	6.35	4.83	5.75	4.82	5.32	4.79	4.38	5.44	4.92 6.44 5.09

Table 2 (Continued)

Topic	1 Tour	>1	Career	Lv Svc	Non Berry	Berry	MEDCEN		MEDDAC		TO&E	
							No	Yes	No	Yes	No	Yes Overall
27 Supervision of physician extenders (PAs, Nurse practitioners, AMOSISTS)	4.37	5.69	6.07	4.53	5.54	4.50	5.30	4.12	3.80	5.27	4.60	6.44 4.81
28 Property book	1.87	3.00	3.15	2.04	2.79	1.96	2.02	2.51	2.65	2.01	2.05	3.55 2.21
29 Proper completion of DA Form 3349 (Individual Profile) and its limitations	4.32	5.61	5.57	4.56	4.73	4.68	4.89	4.54	4.52	4.85	4.54	6.33 4.70
30 Function of P.A.D. (Patient Administration Division)	4.59	4.88	5.50	4.51	4.83	4.56	4.54	4.88	4.73	4.66	4.63	5.11 4.64
31 Supervision of civilian employees	4.68	4.84	5.35	4.60	4.95	4.57	4.36	5.23	5.11	4.55	4.67	5.22 4.69
32 Completeness of medical records	4.79	5.07	5.57	4.74	5.37	4.61	5.08	4.61	4.61	5.01	4.78	5.66 4.84
33 Sick slip	3.68	4.61	4.78	3.81	4.37	3.77	4.10	3.82	3.61	4.16	3.80	5.44 3.95
34 Implications of medical profile to the patient's commander	4.96	5.92	6.07	5.10	5.39	5.15	5.36	5.15	4.92	5.44	5.18	6.00 5.22
35 Preparation of medical statement	4.55	5.20	5.46	4.62	4.91	4.63	4.93	4.51	4.46	4.90	4.70	5.22 4.71
36 Placing a soldier on quarters	4.27	5.23	5.21	4.45	4.66	4.49	4.78	4.32	4.11	4.81	4.42	5.88 4.54
37 Manipulative soldiers	4.50	5.12	5.76	4.48	5.08	4.47	5.15	4.08	3.92	5.07	4.47	6.62 4.65
38 Triage principles	4.51	5.28	5.69	4.57	5.47	4.45	5.04	4.38	4.03	5.11	4.57	6.37 4.75
39 Advanced life support procedures	5.14	5.04	5.69	5.00	5.56	4.91	5.44	4.67	4.69	5.32	5.07	5.50 5.10
40 Field evacuation procedures	3.44	4.32	5.00	3.46	4.43	3.43	4.28	2.93	2.88	4.13	3.52	5.22 3.72
41 Air evacuation procedures	4.00	4.92	5.30	4.09	4.60	4.15	4.67	3.75	3.53	4.66	4.11	5.66 4.28
42 Adverse drug reactions	4.90	5.24	5.07	5.00	5.00	5.05	5.06	4.93	4.73	5.15	5.02	4.88 5.03

Table 2 (Continued)

Topic	1 Tour	>1	Career	Lv Svc	Non Berry		MEDCEN		MEDDAC		TO&E		Overall
					Berry		No	Yes	No	Yes	No	Yes	
43 Narcotics and controlled substance procedures	4.40	5.12	5.66	4.43	5.04	4.47	4.66	4.57	4.19	4.84	4.51	5.62	4.63
44 Field sanitation	2.70	3.68	4.38	2.74	3.52	2.82	3.19	2.75	2.53	3.24	2.81	4.55	3.02
45 Environmental diseases	3.44	4.32	4.23	3.62	3.60	3.82	3.60	3.87	4.03	3.56	3.67	4.11	3.76
46 Medical status of a foreign country (diseases endemic to a region)	3.23	4.40	4.30	3.46	3.86	3.52	3.62	3.59	3.48	3.67	3.52	4.22	3.62
47 Field decontamination	2.32 *	3.88	4.00	2.58	3.37	2.64	2.82	2.85	2.61	2.94	2.68	4.00	2.86
48 Nuclear surety	2.73	4.26	4.85 *	2.89	3.70	3.07	3.28	3.17	2.96	3.37	3.01	5.00	3.26
49 CBR (chemical, biological, radiological) treatment	3.15	4.30	4.92	3.23	3.91	3.39	3.48	3.58	3.50	3.54	3.32	5.11	3.55
50 What Library Committee can do regarding current literature availability	4.20	4.57	5.00	4.18	3.91	4.54	4.06	4.67	4.65	4.16	4.26	4.77	4.35
51 Classified documents	2.59	3.76	4.21	2.71	3.45	2.77	3.19	2.67	2.42	3.24	2.77	4.55	2.97
52 Military medical intelligence	2.50	3.50	3.92	2.60	3.21	2.72	2.77	2.93	2.83	2.84	2.70	3.88	2.87
53 Weapons familiarization	2.40	3.23	2.85	2.63	2.95	2.61	2.97	2.26	2.23	2.88	2.54	3.66	2.71
54 Medical field units	2.90 *	4.65	4.64	3.23	3.75	3.37	3.68	3.20	2.96	3.73	3.28	5.00	3.48
55 Principles of defense (how to protect hospital, patients, etc.)	2.64	3.84	3.64	2.90	3.54	2.87	3.15	2.88	2.73	3.18	2.90	4.11	3.07
56 Fraternization with enlisted personnel	2.09	3.07	3.53	2.20	2.95	2.17	2.61	2.17	1.80	2.73	2.26	3.66	2.40
57 Personal appearance (hair-cut, mustache)	2.14	3.46	4.50 *	2.16	3.58	2.14	2.89	2.14	1.76	2.96	2.39	4.00	2.56
58 Obligations and options regarding accepting post housing	4.11	5.19	4.85	4.37	4.41	4.42	4.50	4.41	4.00	4.68	4.26	6.00	4.42
59 Income tax information (i.e. costs of moves)	3.87	4.84	4.64	4.09	3.95	4.33	4.19	4.17	3.88	4.33	4.15	4.44	4.22

Table 2 (Continued)

Topic	1 Tour	>1	Career	Lv Svc	Non Berry	Berry	MEDCEN		MEDDAC		TO&E	
							No	Yes	No	Yes	No	Yes Overall
60 How to obtain funding for clinical studies (i.e. equipment)	4.85	5.11	5.35	4.84	4.95	4.96	4.89	5.00	5.07	4.87	4.80	6.00 4.96
61 How to request short course training	4.90	5.00	5.21	4.87	4.87	5.00	4.62	5.35	5.19	4.81	4.84	5.66 4.96
62 How to get to attend a conference	5.57	5.38	5.21	5.57	4.75	5.85	5.36	5.70	5.46	5.53	5.52	5.44 5.53
63 Moonlighting	5.05	4.88	4.50	5.10	4.54	5.22	5.02	4.97	5.03	4.98	4.94	5.44 5.02
64 What is available to you in legal counsel (personal/professional)	4.96	4.50	4.78	4.81	4.41	5.01	4.86	2.00	5.03	4.70	4.87	4.33 4.83
65 What consultations, lab requests, special studies are available beyond the hospital	5.40	5.23	5.21	5.37	4.79	5.61	5.32	5.38	5.34	5.35	5.45	4.55 5.37
66 Obtaining necessary medications unavailable at your hospital	5.09	5.15	5.21	5.09	5.12	5.14	5.13	5.08	4.88	5.22	5.09	5.22 5.13
N	54	26	14	66	24	56	46	34	26	34	71	9 83

Note: * indicates a significant difference between mean values at $p < .001$

Table 3

Mean Values For Topics From HOW FREQUENTLY Set

Topic	1 Tour	>1	Career	Lv Svc	Berry	Non Berry	MEDCEN		MEDDAC		TO&E	
							No	Yes	No	Yes	No	Yes Overall
1 Implications of a line of duty determination	2.52	3.26	3.50	2.61	3.60	2.40	2.84	2.68	2.20	3.03	2.69	3.44 2.75
2 What constitutes privileged information between soldier and physician	3.48	3.07	3.57	3.29	3.91	3.05	3.77	2.75	3.08	3.47	3.24	4.11 3.31
3 Preparing and writing efficiency reports on enlisted personnel	1.94 *	3.24	3.64 *	2.07	3.25 *	1.94	2.42	2.27	1.96	2.55	2.08 *	4.44 2.34
4 Preparing and writing officer efficiency reports	2.28	3.34	3.42	2.46	3.45	2.25	2.53	2.76	2.53	2.67	2.42	4.22 2.61
5 Sitting on promotion boards	1.20	1.72	1.92	1.26	1.78	1.19	1.42	1.30	1.30	1.40	1.30	2.00 1.36
6 Military justice: article 15s and Uniform Code of Justice	1.84 *	3.23	3.57 *	2.03	3.08	1.94	2.33	2.26	2.00	2.45	1.94 *	5.11 2.28
7 General convention and Code of Conduct	1.43	2.15	2.42	1.50	2.33	1.37	1.77	1.52	1.26	1.86	1.52	2.77 1.66
8 Ordering of medical supplies (or equipment)	3.64	4.19	4.00	3.78	3.83	3.76	3.44	4.32	4.15	3.66	3.84	3.66 3.78
9 Changing TO&E	1.71	2.78	2.38	2.01	2.50	1.88	1.92	2.34	2.10	2.08	2.05	2.33 2.09
10 Reporting unsatisfactory equipment	3.90	3.19	3.42	3.72	3.70	3.60	3.53	3.85	3.88	3.56	3.75	3.00 3.63
11 IG inspections	2.24	3.34	4.00 *	2.30	3.33	2.26	2.40	2.88	2.88	2.49	2.31	4.88 2.58
12 Therapeutics Agents Board (TAB)	2.47 *	4.07	4.14	2.75	3.37	2.83	3.08	2.88	2.46	3.26	2.81	4.44 3.00
13 Vehicular maintenance (motor stables)	1.17	1.53	1.57	1.23	1.60	1.16	1.28	1.30	1.32	1.28	1.24	1.66 1.29
14 Career progression	2.11	3.19	4.28 *	2.07	3.33	2.07	2.31	2.67	2.46	2.47	2.24	4.22 2.45

Table 3 (Continued)

Topic	1 Tour	>1	Career	Lv Svc	Non Berry	Berry	MEDCEN		MEDDAC		TO&E	
							No	Yes	No	Yes	No	Yes Overall
15 Support from S1, S2, S3, S4	1.85	2.22	2.58	1.84	2.28	1.81	1.94	2.04	1.89	2.02	1.92	2.33 1.96
16 Duty rosters	3.01	3.30	3.78	2.96	3.25	3.01	3.33	2.82	2.80	3.26	2.94	4.44 3.08
17 Support elements in the company, battalion, brigade, division	1.54 *	2.58	3.23 *	1.64	2.56	1.62	2.02	1.76	1.50	2.11	1.75	3.25 1.89
18 Requirements for release of medical information on active dut/ military	3.05	3.61	4.14	3.04	3.79	2.96	3.22	3.26	3.11	3.30	3.02	4.88 3.21
19 Requirements for release of medical information on dependents	3.22	3.73	4.28	3.20	4.16	3.01	3.48	3.26	3.15	3.50	3.15	5.22 3.36
20 Subpoena of medical records	2.00	1.80	1.92	1.93	2.21	1.80	2.25	1.52	1.65	2.07	1.19	1.50 1.92
21 Your supervisory relationship to a nurse senior to you in rank	2.50	2.80	2.92	2.53	2.85	2.48	2.82	2.32	2.19	2.81	2.60	2.66 2.58
22 What medical malpractice protection is available to you	2.98	2.88	3.21	2.89	3.00	2.89	3.22	2.58	2.57	3.13	2.94	3.00 2.92
23 What administrative duties are required of you for PEB (physical evaluation board)	3.47	3.30	3.78	3.33	3.08	3.51	3.40	3.44	3.53	3.35	3.35	3.88 3.38
24 What administrative duties are required of you for committees	2.90	4.15	4.71	3.01	3.91	3.01	3.40	2.30	3.26	3.33	3.14	4.66 3.28
25 What administrative duties are required of you for medical boards	3.52	3.73	4.21	3.46	3.29	3.67	3.46	3.76	3.42	3.67	3.51	4.22 3.56
26 Physician responsibility for utilization of parmedical personnel (PAs, Nurse practitioners, AMOSISTS)	3.81	4.76	5.57	3.81	4.87	3.75	4.66	3.41	3.07 *	4.64	3.94	5.55 4.08

Table 3 (Continued)

Topic	1 Tour	>1	Career	Lv Svc	Non Berry	MEDCEN		MEDDAC		TOSSE		Overall
						Berry	No Yes	No Yes	No Yes			
27 Supervision of physician extenders (PAs, Nurse practitioners, AMOSISTS)	3.67	4.61	5.57	3.64	4.62	3.65	4.28 * 2.84	2.64 * 4.62	3.75 5.77	3.94		
28 Property book	1.43	2.36	2.53	1.56	2.20	1.50	1.68 1.78	1.76 1.71	1.53 * 3.22	1.72		
29 Proper completion of DA Form 3349 (Individual Profile) and its limitations	4.40	5.26	5.21	4.57	4.69	4.62	5.17 4.03	3.76 5.13	4.57 5.55	4.64		
30 Function of P.A.D. (Patient Administration Division)	4.01	4.30	5.14	3.89	4.04	4.08	4.04 4.20	3.84 4.24	4.02 4.77	4.07		
31 Supervision of civilian employees	4.22	4.23	4.64	4.13	4.45	4.07	3.75 4.85	4.76 3.96	4.11 5.11	4.18		
32 Completeness of medical records	4.54	4.80	5.50	4.44	5.08	4.37	5.11 4.00	3.76 5.05	4.51 5.55	4.58		
33 Sick slip	3.92	4.38	4.92	3.89	4.08	4.01	4.48 3.52	3.30 4.45	3.57 4.88	4.03		
34 Implications of medical profile to the patient's commander	4.51	5.65	4.64	4.54	4.47	4.53	5.82 4.21	4.08 4.79	4.52 4.88	4.51		
35 Preparation of medical statement	4.26	4.48	4.84	4.23	4.43	4.23	4.62 3.93	3.80 4.59	4.28 4.66	4.29		
36 Placing a soldier on quarters	4.26	4.19	4.28	4.23	4.00	4.28	4.75 3.55	3.57 4.56	4.14 5.00	4.20		
37 Manipulative soldiers	4.47	4.36	4.92	4.33	4.82	4.21	4.97 3.73	3.65 4.82	4.27 5.87	4.39		
38 Triage principles	3.24	3.88	4.15	3.30	4.47	2.98	3.77 3.02	2.73 3.80	3.27 5.00	3.41		
39 Advanced life support procedures	3.30	3.41	3.75	3.26	3.86	3.08	3.59 3.00	2.92 3.54	3.31 3.50	3.30		
40 Field evacuation procedures	2.01	2.76	2.69	2.16	2.82	2.00	2.46 1.96	1.76 2.50	2.13 3.22	2.24		
41 Air evacuation procedures	3.26	3.72	3.84	3.32	3.65	3.26	3.60 3.15	2.84 3.69	3.26 4.35	3.38		
42 Adverse drug reactions	3.18	3.72	3.92	3.24	3.73	3.16	3.40 3.30	3.19 3.44	3.24 4.22	3.22		

Table 3 (Continued)

Topic	1 Tour	>1	Career	Lv		Berry	MEDCEN		MEDDAC		TO&E		Overall
				Svc	Non		No	Yes	No	Yes	No	Yes	
43 Narcotics and controlled substance procedures	3.62	3.25	3.83	3.44	3.63	3.41	3.86	3.03	3.15	3.68	3.42	4.25	3.47
44 Field sanitation	1.73	1.80	2.00	1.70	2.26	1.53	1.88	1.57	1.69	1.78	1.66	2.44	1.74
45 Environmental diseases	1.98	3.24	3.30	2.20	3.00	2.10	2.42	2.33	2.26	2.44	2.21	3.66	2.36
46 Medical status of a foreign country (diseases endemic to a region)	1.76	2.68	2.46	1.98	2.39	1.90	2.28	1.75	1.48	2.34	1.97	2.77	2.05
47 Field decontamination	1.26 *	2.19	2.07	1.46	2.00	1.38	1.59	1.55	1.46	1.63	1.42 *	2.77	1.57
48 Nuclear surety	1.51 *	3.07	3.21	1.78	2.79	1.69	2.09	1.97	1.69	2.21	1.68 *	4.77	2.02
49 CBR (chemical, biological, radiological) treatment	1.53	2.53	2.78	1.67	2.37	1.63	1.86	1.88	1.80	1.90	1.63 *	3.77	1.86
50 What Library Committee can do regarding current literature availability	3.18	3.38	3.78	3.13	2.79	3.41	3.33	3.14	3.11	3.32	3.14	4.11	3.22
51 Classified documents	1.56	2.03	2.35	1.58	2.20	1.50	1.93	1.44	1.46	1.84	1.55	3.00	1.71
52 Military medical intelligence	1.60	1.88	1.92	1.64	2.04	1.53	1.86	1.46	1.54	1.76	1.61	2.33	1.68
53 Weapons familiarization	1.45	2.07	1.78	1.63	1.83	1.57	1.82	1.44	1.46	1.75	1.61	2.00	1.65
54 Medical field units	1.56 *	2.76	2.84	1.76	2.29	1.78	2.02	1.84	1.65	2.09	1.78	3.22	1.93
55 Principles of defense (how to protect hospital, patients, etc.)	1.45	2.38	2.28	1.64	2.20	1.55	1.77	1.73	1.61	1.83	1.64	2.66	1.75
56 Fraternization with enlisted personnel	1.82	2.65	3.23	1.87	2.73	1.82	2.09	2.11	1.84	2.23	1.89	3.66	2.08
57 Personal appearance (haircut, mustache)	2.26	3.65	4.14	2.41	3.45	2.37	2.62	2.85	2.34	2.90	2.51	4.33	2.70
58 Obligations and options regarding accepting post housing	2.83	3.73	4.07	2.92	3.16	3.07	3.02	3.26	2.80	3.28	2.92	4.66	3.10
59 Income tax information (i.e. costs of moves)	2.77	3.46	3.21	2.95	3.00	2.96	3.08	2.88	2.57	3.20	2.94	3.44	2.97

Table 3 (Continued)

Topic	1 Tour	>1	Career	Lv Svc	Non Berry	MEDCEN		MEDDAC		TOSSE		Overall
						No	Yes	No	Yes	No	Yes	
60 How to obtain funding for clinical studies (i.e. equipment)	3.09	3.34	3.85	3.03	3.70	2.91	3.17	3.12	3.16	3.02	4.33	3.15
61 How to request short course training	3.66	3.07	3.57	3.44	3.20	3.53	3.64	3.80	3.30	3.44	3.66	3.43
62 How to get to attend a conference	4.01	3.69	4.00	3.89	3.58	4.00	3.75	4.15	3.79	3.90	4.00	3.87
63 Moonlighting	3.79	3.15	3.14	3.67	3.08	3.75	3.93	3.26	3.73	3.62	3.22	3.55
64 What is available to you in legal counsel (personal/professional)	3.24	3.26	3.78	3.13	3.41	3.14	3.53	2.80	3.47	3.22	3.44	3.22
65 What consultations, lab requests, special studies are available beyond the hospital	4.41	4.03	4.64	4.21	4.16	4.28	4.42	4.15	4.35	4.37	3.66	4.25
66 Obtaining necessary medical services unavailable at your hospital	3.83	3.19	3.21	3.70	3.83	3.48	3.95	3.38	3.73	3.74	2.66	3.58
N	54	26	14	66	24	56	46	26	54	71	9	83

Note: * indicates a significant difference between mean values at $p < .001$



DEPARTMENT OF THE ARMY
ACADEMY OF HEALTH SCIENCES, UNITED STATES ARMY
FORT SAM HOUSTON, TEXAS 78234

HSA-CHC

It is relatively safe to assume that you are no more enthusiastic about filling out surveys than anyone else. However, it is hoped that you will take the time to fill out the inclosed survey carefully. The purpose of this survey is to document what Army physicians need to know because of the variety of situations that are peculiar to the practice of medicine in a military environment. The information is needed to design an instructional program for incoming physicians. You know from recent experience what extra knowledge you did not bring with you into the Army that was essential or helpful in your military practice. You are being asked to participate so that the incoming physicians may be able to benefit from your experiences. A variety of topics are to be considered from two perspectives: (1) how important is the topic, that is, how much is this information needed, and (2) how frequently must this topic be dealt with by a practicing Army physician. In addition, you will be asked for your own recommendations for other topics which may be of special interest. Your cooperation is very much appreciated.

Sincerely,

KENNETH R. DIRKS, M.D.
Major General, MC
Superintendent

1 Incl
As stated



INFORMATION FOR INCOMING ARMY PHYSICIANS SURVEY

GENERAL INFORMATION

1. Introduction. The Health Care Studies Division, US Army Academy of Health Sciences, as authorized by the Commander, US Army Health Services Command, is conducting a survey to determine what information incoming Army physicians need.
2. Purpose. The purpose of this survey is to document physicians' experience in what they believe an Army physician needs to know. The perceptions will have an impact on the content of a course proposed to orient incoming physicians. Your participation in the survey is needed in order that future Army physicians may profit from your experiences.

SPECIFIC INFORMATION

1. A copy of this questionnaire is being provided to selected Medical Corps officers in Health Services Command.
2. While this is an anonymous response questionnaire, and no attempt will be made to associate responses to specific individuals, it is essential that all respondents identify their experience for control purposes.
3. Any questions requiring clarification or further explanation may be directed to: Dr. Mangelsdorff, AUTOVON: 471-4541 or 3331.
4. It is requested that the survey be completed and returned as soon as possible.
5. When you have completed the survey, please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail.
6. Thank you for your cooperation.

INFORMATION FOR INCOMING ARMY PHYSICIANS SURVEY

Please answer all the items by filling in, or circling one numerical choice, or whatever appears to be an appropriate response.

SECTION I: Control Data

1. I am currently serving in pay grade: (please circle one)
0-3 0-4 0-5 0-6
2. My total years of active federal service (round off to the nearest whole year and circle one response):
0-1 2-3 4-5 6-7 8-9 10-11 12-14 15-20 more than 20
3. Within my current medical specialty or subspecialty, I am: (circle one)
 - a. Fully trained Board Certified
 - b. Fully trained Board Eligible
 - c. Partially trained
 - d. In training (resident or intern)
 - e. Other (please explain) _____
4. I have served a tour/assignment at a medical center (MEDCEN):
 - a. no
 - b. yes
 - c. If yes, which:
as an: intern resident other
5. I have served a tour/assignment in a medical activity (MEDDAC):
 - a. no
 - b. yes
 - c. If yes, which:
as an: intern resident other
6. I have had a tour/assignment outside of continental United States
 - a. no
 - b. yes
 - c. If yes, where:
7. I have had a tour/assignment in a combat zone:
 - a. no
 - b. yes
 - c. If yes, when:

8. I have served a tour/assignment in a TO & E unit:
- a. no
 - b. yes
 - c. If yes, which:
9. I have served in: other (e.g. AFES/R&D lab/health clinic)
- a. no
 - b. yes
 - c. If yes, which:
10. How many separate tours/assignments have you served as a physician? _____
11. I have had previous military service, but not as a physician:
- a. no
 - b. yes
12. I consider my current military status as (circle one):
- a. Definitely planning to remain in the Army until eligible for retirement
 - b. Probably remain in the Army until eligible for retirement
 - c. Undecided at this time
 - d. Probably leave the Army before reaching eligibility for retirement
 - e. Definitely plan to leave the Army before reaching eligibility for retirement
 - f. I am already eligible for retirement
13. My medical specialty is:
- MOS/SSI (Specialty Skill Identifier):
14. Status: (circle more than one if necessary)
- a. Regular Army
 - b. Berry Plan
 - c. Voluntary Indefinite
 - d. Other (please explain) _____
15. Military Sponsored Training (circle one or more):
- a. ROTC scholarship
 - b. Military Academy Graduate
 - c. Medical School Subsidy
 - d. Senior Medical Student
 - e. Internship
 - f. Residency
 - g. Fellowship
 - h. Other _____
 - g. None

SECTION II: Response Data

Please answer all the items by filling in, or circling one numerical choice, or whatever appears to be an appropriate response. All scale responses are preceded and followed by clarifying words to emphasize the digital scale, i.e., in the response:

MIN 1 2 3 4 5 6 7 MAX

the digit 1 equals MIN (MINIMUM) and 7 equals MAX (MAXIMUM).

A variety of topics are to be considered from two perspectives: (1) How important is the topic, that is, how much is this information needed and (2) How frequently must this topic be dealt with, or needed. In addition, you will be asked for your own recommendations for other topics which may be of help.

TOPIC	HOW IMPORTANT:							HOW FREQUENTLY:						
	MIN						MAX	MIN						MAX
	1	2	3	4	5	6	7	1	2	3	4	5	6	7
1. Implications of a line of duty determination	1	2	3	4	5	6	7	1	2	3	4	5	6	7
2. What constitutes privileged information between soldier and physician	1	2	3	4	5	6	7	1	2	3	4	5	6	7
3. Preparing and writing efficiency reports on enlisted personnel	1	2	3	4	5	6	7	1	2	3	4	5	6	7
4. Preparing and writing officer efficiency reports	1	2	3	4	5	6	7	1	2	3	4	5	6	7
5. Sitting on promotion boards	1	2	3	4	5	6	7	1	2	3	4	5	6	7
6. Military justice: article 15s and Uniform Code of Military Justice	1	2	3	4	5	6	7	1	2	3	4	5	6	7
7. Geneva convention and Code of Conduct	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8. Ordering of medical supplies (or equipment)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
9. Changing TO & E	1	2	3	4	5	6	7	1	2	3	4	5	6	7
10. Reporting unsatisfactory equipment	1	2	3	4	5	6	7	1	2	3	4	5	6	7
11. IG inspections	1	2	3	4	5	6	7	1	2	3	4	5	6	7
12. Therapeutics Agents Board (TAB)	1	2	3	4	5	6	7	1	2	3	4	5	6	7

TOPIC	HOW IMPORTANT:							HOW FREQUENTLY:						
	MIN						MAX	MIN						MAX
13. Vehicular maintenance (motor stables)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
14. Career progression	1	2	3	4	5	6	7	1	2	3	4	5	6	7
15. Support from S1, S2, S3, S4	1	2	3	4	5	6	7	1	2	3	4	5	6	7
16. Duty rosters	1	2	3	4	5	6	7	1	2	3	4	5	6	7
17. Support elements in the company, batallion, brigade, division	1	2	3	4	5	6	7	1	2	3	4	5	6	7
18. Requirements for release of medical information on active duty military	1	2	3	4	5	6	7	1	2	3	4	5	6	7
19. Requirements for release of medical information on dependents	1	2	3	4	5	6	7	1	2	3	4	5	6	7
20. Subpoena of medical records	1	2	3	4	5	6	7	1	2	3	4	5	6	7
21. Your supervisory relationship to a nurse senior to you in rank	1	2	3	4	5	6	7	1	2	3	4	5	6	7
22. What medical malpractice protection is available to you	1	2	3	4	5	6	7	1	2	3	4	5	6	7
23. What administrative duties are required of you for PEB (physical evaluation board)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
24. What administrative duties are required of you for committees	1	2	3	4	5	6	7	1	2	3	4	5	6	7
25. What administrative duties are required of you for medical boards	1	2	3	4	5	6	7	1	2	3	4	5	6	7
26. Physician responsibility for utilization of paramedical personnel (PAs, Nurse practitioners, AMOSISTS)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
27. Supervision of physician extenders (PAs, Nurse practitioners, AMOSISTS)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
28. Property book	1	2	3	4	5	6	7	1	2	3	4	5	6	7
29. Proper completion of DA Form 3349 (Individual Profile) and	1	2	3	4	5	6	7	1	2	3	4	5	6	7

TOPIC	HOW IMPORTANT:							HOW FREQUENTLY:						
	MIN						MAX	MIN						MAX
30. Function of P.A.D. (Patient Administration Division)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
31. Supervision of civilian employees	1	2	3	4	5	6	7	1	2	3	4	5	6	7
32. Completeness of medical records	1	2	3	4	5	6	7	1	2	3	4	5	6	7
33. Sick slip	1	2	3	4	5	6	7	1	2	3	4	5	6	7
34. Implications of medical profile to the patient's commander	1	2	3	4	5	6	7	1	2	3	4	5	6	7
35. Preparation of medical statement	1	2	3	4	5	6	7	1	2	3	4	5	6	7
36. Placing a soldier on quarters	1	2	3	4	5	6	7	1	2	3	4	5	6	7
37. Manipulative soldiers	1	2	3	4	5	6	7	1	2	3	4	5	6	7
38. Triage principles	1	2	3	4	5	6	7	1	2	3	4	5	6	7
39. Advanced life support procedures	1	2	3	4	5	6	7	1	2	3	4	5	6	7
40. Field evacuation procedures	1	2	3	4	5	6	7	1	2	3	4	5	6	7
41. Air evacuation procedures	1	2	3	4	5	6	7	1	2	3	4	5	6	7
42. Adverse drug reactions	1	2	3	4	5	6	7	1	2	3	4	5	6	7
43. Narcotics and controlled substance procedures	1	2	3	4	5	6	7	1	2	3	4	5	6	7
44. Field sanitation	1	2	3	4	5	6	7	1	2	3	4	5	6	7
45. Environmental diseases	1	2	3	4	5	6	7	1	2	3	4	5	6	7
46. Medical status of a foreign country (diseases endemic to a region)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
47. Field decontamination	1	2	3	4	5	6	7	1	2	3	4	5	6	7
48. Nuclear surety	1	2	3	4	5	6	7	1	2	3	4	5	6	7
49. CBR (chemical, biological, radiological) treatment	1	2	3	4	5	6	7	1	2	3	4	5	6	7
50. What Library Committee can do regarding current literature availability	1	2	3	4	5	6	7	1	2	3	4	5	6	7

TOPIC	HOW IMPORTANT:							HOW FREQUENTLY:						
	MIN						MAX	MIN						MAX
51. Classified documents	1	2	3	4	5	6	7	1	2	3	4	5	6	7
52. Military medical intelligence	1	2	3	4	5	6	7	1	2	3	4	5	6	7
53. Weapons familiarization	1	2	3	4	5	6	7	1	2	3	4	5	6	7
54. Medical field units	1	2	3	4	5	6	7	1	2	3	4	5	6	7
55. Principles of defense (how to protect hospital, patients, etc.)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
56. Fraternization with enlisted personnel	1	2	3	4	5	6	7	1	2	3	4	5	6	7
57. Personal appearance (haircut, mustache)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
58. Obligations and options regarding accepting post housing	1	2	3	4	5	6	7	1	2	3	4	5	6	7
59. Income tax information (i.e. costs of moves)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
60. How to obtain funding for clinical studies (i.e. equipment)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
61. How to request short course training	1	2	3	4	5	6	7	1	2	3	4	5	6	7
62. How to get to attend a conference	1	2	3	4	5	6	7	1	2	3	4	5	6	7
63. Moonlighting	1	2	3	4	5	6	7	1	2	3	4	5	6	7
64. What is available to you in legal counsel (personal/professional)	1	2	3	4	5	6	7	1	2	3	4	5	6	7
65. What consultations, lab requests, special studies are available beyond the hospital	1	2	3	4	5	6	7	1	2	3	4	5	6	7
66. Obtaining necessary medications unavailable at your hospital	1	2	3	4	5	6	7	1	2	3	4	5	6	7

If you have additional topics you would like to recommend, or if you wish to comment about any of the previously offered topics, please feel free to do so.

More to come
(over)

1. Would a course dealing with this type of information have been helpful to you in your practice of military medicine?

2. How would you suggest conducting a course to get across this type of information?

3. Would a cookbook providing a "how-to-guide" be of any benefit to a practicing physician? Why?

4. What information (which 5 topics) do you feel is most salient for a physician to know about the military?

Your cooperation is very much appreciated. Thank you for your assistance.

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HEALTH CARE STUDIES DIVISION
ACADEMY OF HEALTH SCIENCES, US ARMY
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Attn: Dr. M.

(FOLD ON THIS LINE FIRST)

9. DISTRIBUTION.

Defense Documentation Center, Cameron Station, Alexandria, VA 22314 (2)

HQDA (DASG-MC) (1)

Director, Joint Medical Library, Offices of The Surgeons General,
USA/USAF, The Pentagon, RM 1B-473, Washington, DC 20310 (1)

USA HSC (ATTN: HSCM-R) (5); (ATTN: HSPA) (1)

AHS, Stimson Library (1)